U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210

## FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

Form Approved
Office of Management and Budget
No. 1215-0188

Expires: 11-30-2002

This report is mandatory under P.L. 86-257	7, as amended. Failure to o	comply may result in criminal prosecut	ion, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.
	READ THE INSTRUCTION	ONS CAREFULLY BEFORE PREPAR	ING THIS REPORT.
For Official Use Only 1. FILE NUMBER		COVERED MO DAY YEAR	(a) AMENDED — If this is an amended report correcting a previously filed report, check here:
(3 m) (0 / / -	556 From	07012000	(b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here:
OLMS OF	Through	06302001	(c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
		8. MAILING ADDRESS (Type or pri	nt in capital letters.)
CARPENTERS AFL-CIO	3) 022-556 230	First Name ROBERT	
LU 556		Last Name	
287 1/2 CHESTNUT ST		SMITH	
MEADVILLE, PA 16335	6/2001	P.O. Box • Building and Room Numb	nor (if any)
\$ 20 d\$ 20 ev a t was		1.0. Dox 4 Duilding and noont Numb	ei (ii ariy)
\$			
		Number and Street	
4. AFFILIATION OR ORGANIZATION NAME			
5. DESIGNATION (Local, Lodge, etc.) 6.	DESIGNATION NUMBER	City	
7. UNIT NAME (if any)	,	State ZIP Code + 4	
<ol> <li>Are your organization's records kept at its mailing addres (If "No," provide address in Item 56.)</li> </ol>	ss? Yes X No	-	
56. ADDITIONAL INFORMATION (If more space is needed	d, attach additional pages p	roperly identified.)	
Item Number			
Each of the undersigned, duly authorized officers of the above in any accompanying documents) has been examined by the	labor organization, declares, signatory and is, to the best	, under the applicable penalties of law, t of the undersigned's knowledge and b	hat all of the information submitted in this report (including the information contained elief, true, correct, and complete. (See Section VI on penalties in the instructions.)
57. SIGNED: france		SIDENT 58. SIGNED:	Ion Wig TREASURER
9 1/9/2001 (874) 827	- 9398 see i	nstructions.) 9119	12001 (814) 827 - 650 6 (If other title, see instructions.)
Date Telephon	e Number	Date	Telephone Number

Form LM-3 (Revised 2000)

<ul> <li>During the Reporting Period Did Your Organization:</li> <li>10. Have a "subsidiary organization" as defined in Section X of the instructions?</li></ul>	Yes	No ×		How many members di organization have at the reporting period?  What is the maximum a recoverable under your fidelity bond for a loss any officer or employee organization?	e end of the amount r organization's caused by	82 50 000
Have a political action committee (PAC) fund?      Acquire or dispose of any goods or property in any manner other than by purchase or sale?		X	21.	During the reporting per organization have any constitution and bylaws rates of dues and fees	changes in its s (other than	Yes No
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?				(If the constitution and attach two new dated or procedures have change	bylaws have changed, copies. If practices/ ged, see the instruction	
15. Discover any loss or shortage of funds or other property?		X		What is the date of you next regular election of What are your organizedues and fees? (Enter a minimum and	f officers? ation's rates of	06 2002
Have any officer who was paid \$10,000 or more     by your organization and also received \$10,000 or     more as an officer or employee of another labor     organization or of an employee benefit plan?		X		than one rate applies t		s and Fees
Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000?		X		(a) Regular Dues/Fees (b) Initiation Fees	\$	(Month, Year, etc.)
18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise?		X		(c) Transfer Fees	\$	
(If the answer to any of the above questions is "Yes," provide in Item 56 on page 1 as explained in the instructions for each	details h item.	s .)		(d) Work Permits	\$ per _	(Month, Year, etc.)

24. ALL OFFICERS AND DISBURSEMENTS
TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 022-556

(A) Name they received no salary or other disbursements. Use all cape (B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)  Last Name First Name	oital letters.) Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
1. SCULLIN LEN		200		200
Title PRESIDENT	Status C			
2. $B / \leq N / O$ First Name $V / C$				
THE //CE PRESIDENT	Status C		•	
3. STRAVIBRIDGE PAU	2	800		800
THORECORDING SEC	Status C			
4. W/G  DOM		1520		1520
THE FINANCIAL SEC	Status C			, = .
5. SMITH BOB		800		800
THE TREPSURER	Status //		į	
6. MONTEROSSA FRA	NX			
THE CONDUCTOR	Status 🤇	_		
7. MG/LLIARD First Name CHA	8216			
Tite WARDEN	Status 💆			
3. Totals from additional pages (if any)				
9. Totals of Lines 1 through 8		3,320		3320
			10. Less Deductions	
Enter the Total from Line 11 in	***************************************	Item 45 ⇒	11. Net Disbursements	3325

FILE NUMBER: 022-556

	ite		Start of Reporting Period (A)	End of Reporting Period (B)	ltem	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
TES	25	. Cash	53730	49256	32.	Accounts Payable		
TEMENT A AND LIABILITIES	26	. Loans Receivable	·		33.	Loans Payable		
MEN	27	. U.S. Treasury Securities			34.	Mortgages Payable		
ANE	28	. Investments	31950	32598	35.	Other Liabilities		Á
STATEMENT ASSETS AND LIAE	29	. Fixed Assets			36.	TOTAL LIABILITIES	0	٥
AS	30	Other Assets	2//22	00108	37.	NET ASSETS	15190	82124
	31	. TOTAL ASSETS	83670	82124	<u> </u>	(Item 31 less Item 36)	85690	
	Ite	CASH RECE	IPTS	AMOUNT	Item	CASH DISBUR	SEMENTS 	AMOUNT
	38	. Dues		12351	45.	To Officers (from Item 24	l)	3320
STN	39	. Per Capita Tax			46.	To Employees (less dedu	uctions)	1.10
TATEMENT B AND DISBURSEMENTS	40	. Fees, Fines, Assessment	s & Work Permits			Per Capita Tax		6043
T B	41	. Interest & Dividends		2527	48.	Office & Administrative E	Expense	5362 834
MEN	42	. Sale of Investments & Fix	ed Assets		49.	Professional Fees	***************************************	3456
TATE	43	d. Other Receipts	***************************************	11000		Benefits		145
ST RECEIPTS A	44	. TOTAL RECEIPTS		14978	┥	Contributions, Gifts & Gr		140
					52.	Purchase of investments	s & Fixed Assets	
		If total receipts re or more, your or	eported in Item 44 ganization must fi	are \$200,000 le Form LM-2	53.	Loans Made		
		instead of this fo	rm.			Other Disbursements		10/01
					55.	TOTAL DISBURSEMEN	TS	1.91.8.1

ORGANIZATION NAME:	AND	To	INERS	OF	Am.	
ENDING DATE OF PERIOD COVE	RED:	<u> </u>	30-	200	/	

FILE NUMBER: 022-556PAGE  $\bot$  OF  $\bot$  ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

A) Name (List all persons who held office during the reporting period they received no salary or other disbursements. Use all cap	even if pital letters.)	Gross Salary (before taxes and	Allowances and Other	
B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)	other deductions) (D)	Disbursements (E)	Total (F)
Last Name  Y// G  First Name  TOM	1			
Title TRUSTEE	Status C			
Last Name Hist Name	416	·		
Title TRUSTEE	Status 🗸			
Last Name First Name  STE	YE			
Title TRUSTEE Last Name First Name	Status C			<u> </u>
Last Natio				
Tit'e  Last Name First Name	Status			
Tiče	Status			
Last Name First Name				
Title	Status	_		
Last Name First Name				
Title	Status			
Last Name First Name				
Title .	Status			
	Totals		<u></u>	

ENDING DATE OF PERIOD COVERED:	PAGEOF _	ADDITIONAL PAGES
24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)		

Status other de	te taxes and deductions) (D) (E) (F)  Total (F)
Title Status  Last Name First Name  Title Status  Title Status	
Last Name First Name  Title Status  Title Status  Title Status	
Title Status  Last Name First Name  Title Status  Last Name Status	
Last Name  Title  Status  Last Name  First Name  Title  Status  Last Name  First Name  Title  Status  Last Name  Title  Status  Last Name  Status	
Title Status  Last Name First Name	
Last Name  Title  Status  Last Name  First Name  Title  Status  Last Name  First Name  Status  Last Name  Status	· · · · · · · · · · · · · · · · · · ·
Last Name First Name  Title Status  Last Name First Name  Title Status  Last Name First Name  Title Status	
Last Name First Name  Title Status  Last Name _ First Name  Title Status	
Last Name  Title  Status  Last Name  First Name  Title  Status	
Title Status  Last Name First Name  Title Status	
Last Name First Name  Title Status	· · · · · · · · · · · · · · · · · · ·
Title Status	
Last Name First Name	
Title Status	
Last Name First Name	
Title Status	
Title Status  Totals	